PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

09/883938

	·	CLAIMS A	S FILED (Colum		(Calumn 2)			SMALL ENTITY		OA	OTHER THE	
TOTAL CLAIMS				•		•	1	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		. NUMBER EXTRA		1	BASIC FE	 	OR	2.000	
70	OTAL CHARGE	ABLE CLAIMS	20m	nus 20=	•		1	X\$ 25=		OR	X\$50=	
INI	DEPENDENT (ZAIMS	3 minus 3 =]	X100=		OR	X200=	
MI	JUTIPLE DEPE	NDENT CLAIM P	RESENT	·]	+180=		OR	+360=	
• #	the differenc	e in column 1 is	less than zero, enter "0" in column 2				,	·TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II OTHER THAT (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BEA FUSLY	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	- Z	σ˙	e —]. [X\$ 25=		OЯ	X\$50=	
	independent	ENTATION OF M	Minus	DENDENT			$I \subset I$	X100=		OR	X200=	
<u></u> ✓	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+360=	
	1 Am	20/04	•			· A	TOTAL DOIT. FEE		OR	TOTAL ADDIT. FEE		
	04	(Column 1)		(Colum		(Cotumn 3)	\ _		•		i sike	
AMENDMENT 8		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	EA USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
NON	Total ·	.12	Minus	-20	Э.	.0	lГ	X\$ 25=	\wedge	ÓR	X\$50=	
AME	Independent	<u> </u>	Minus	***		-		X100=	X	OR	X200=	X
_	PHSI PHESE	NTATION OF MI	ATTPLE DEP	ENDENT	CLAIM		!	+180=		OA	+360=	
					•		L	TOTAL		OR .	TOTAL	
	•	(Column 1)		(Colum	n 2)	(Column 3)	. 40	DOIT. FEE'L		, , ,	DOIT. FEEL	
ENTC		CLAIMS REMAINING AFTER, AMENDMENT	•	HIGHE NUMB PREVIOL PAID F	ST ER ISLY	PRESENT EXTRA		RATE 1	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE
	Total	•	Minus	•	•	a	,	C\$ 25=		OR	X\$50=	
5 L	Independent	•	Minus	***		6	 	(100=		-	-	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (ÇLAIM		۱۲	-100E		OR!	X200=	
H •	the entry in colo	nn 1 is less than th	actor to eat-		, M la a	<u></u>	Ŀ	180=)A	+360=	
	the Highest Nu	riber Previously Pai riber Previously Pa	d For in This id For in This	SPACE IS I	less then	20, enter "20."		TOTAL DIT. FEE			TOTAL DOTT, FEE L	
•		ber Previously Paid	·· · · I rates ca	a scoperation	भू क कार्य ।	With Hands	TOUNG	au ann ebbe	obuses pox	E) COLU	mn,1.	1